Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number

POWER OF ATTORNEY

and

CORRESPONDENCE ADDRESS

INDICATION FORM

PTO/SB/81 (04-05)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number

Filling Dato

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Dockot Number

0100508/0538461

				•			 _
I hereby revoke	ali previous powers c	of attorney gi	ven in the a	above-id	lentified app	lication.	
I hereby appoint	• •						
	associated with the Custon	ner Numbor:		26	874		
OR		,				J	
Practitioner(s)	named below:						
	Name	-			Rogist	ration Numb	ėr.
							<u> </u>
as my/our attorney(s Trademark Office co	or agent(s) to prosecute to nected therewith.	the application in	dentified abov	e, and to t	iransact all bus	Iness in the	United States Patent and
The addres	change the correspondences associated with the aboves associated with Customs	e-mentioned Cu			cation to:	7	
OR Firm or		L					
Individua	l Name						
Address						=	
City				State	**,		Zip
Country				·		····················	·
Telephone	<u>.</u>	·		Emai)			
Applicant/inv	entor.						
Assignee of Statement u	record of the entire interest ader 37 CFR 3.73(b) is end	t. See 37 CFR 3 blosed. (Form P	3.71. TO/SB/96)				
	SIG	SNATURE of A	pplicant or A	ssignoo d	of Record	· · · · · · · · · · · · · · · · · · ·	
Signature	P-L-1000-	-				Date	2 00 02 05
Name	Peter Hall	44				Telephone	2006-02-02
Title and Company		-			——.——J.	Coprote	<u> </u>
NOTE: Signatures of all t signature is required, soo	he inventors or assignees of re- below",	ecord of the entire	interest or (heir	ropresental	livė(s) are requir	d. Submit mu	tilple forms if more than one
Total of 5	forms are submitt	tod.					

This collection of Information is required by 37 CFR 1,31, 1,32 and 1,33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1,11 and 1,14. This collection is estimated to take 3 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (04-05)
Approved for use through 11/30/2005, OMB 0861-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Under the Paperwork Reduction Act of 1995, no persons are re-	U.S. Patent and T. quired to respond to a collection of Info	rademark Office: U.S. DEPARTMENT OF COMMURCE
· · · · · · · · · · · · · · · · · · ·	Application Number	TON BURGES II CHARLES & VALID CIME CONTROL NUMBER.
POWER OF ATTORNEY	Filing Date	,
and	First Named Inventor	HALL, Poler
CORRESPONDENCE ADDRESS	Title	Tire Pressure Estimation
INDICATION FORM	Art Unit	
MANAY HOM I-OVIM	Examiner Namo	
	Attorney Docket Number	0100508/0538461

I hereby revoke all p	previous powers of attorney give	ven in the	ahove-jd	entified appl	lication	
I hereby appoint:		1 100 1 11 1 11 11 11	- Laberty 14.	Onunca app.	IlCalion.	<u> </u>
4	ciated with the Customer Number.		26	6874		
OR	L					
Practitioner(s) nam	ned below;					
	Name	1		Registr	atlon Numbe	ər
ļ 						
as my/our allomey(s) or a Trademark Offico connect	agent(s) to prosecute the application id ded therewith.	dentified abo	ove, and to t	iransact all busi	iness in the	United States Palent and
Please recognize or chang	nge the correspondence address for the	ne above-ide	entified appli	deation to:		
The address ass	sociated with the above-mentioned Cu			A-110/1 1-	•	
OR		STANICI 147"	ilber.		\neg	
The address as:	sociated with Gustomer Number:					
OR	TOTAL TIME CONTROL TO THE TOTAL TOTA					
Firm or Individual Nan	те					
Address				 ,		
Cit.						
City Country			State			Zip
Telephone			Email			
I am the:						<u> </u>
Applicant/Inventor	r.					
Assignee of record Statement under	rd of the entire Interest. See 37 CFR 3. 37 CFR 3.73(b) is enclosed. (Form P1).71. TO/SB/96)				
<u></u>	SIGNATURE of Ap	pplicant or	Assignee ç	of Record		
Signature	Tony Uhr				Date	206-01-30
	ny Gustavsson				Telephone	
Title and Company						
NOTE: Signatures of all the inv signature is required, see below	vontors or assignees of record of the entire low".	Interest or the	air representat	tive(s) are require	:d. Submit mui	illple forms if more than one
✓ Total of 5	forms are submitted.					

This collection of information is required by 37 CPR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including cathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(FAX)+49 89 299465 +46-31-734 21 21

5.008/013 si2

10-FEB-20D6(FR) 10:40

SANSON & PARTNER

(FRX)+49 B9 299465

5. 002/002

					Appr	EVAN Inches	PT(1,000,005, (0/\$biat (04-05
	Under the Pape	record Reduction Act of 1985, no persons are re-	quired to respe	U.S. Pajent p Indition collection	nd Thide	nark Ollice: U	S. DEPARTMENT C	DWG DG21-DG3;
ſ	-				10 115741 13511	ing repercient	AMO bilay a sycionin	<u>ध्यन्त्राच्यो प्राच्याच्या</u>
1	PON	ER OF ATTORNEY	Filing O			· · · · · · · · · · · · · · · · · · ·		
		and		med inventor	- i	ALL, Peler		
1	CORRES	PONDENCE ADDRESS	Title				Estimotion	
1	IN	DICATION FORM	Art Unit	:			2 COMINGROU	
			Examine			·		
			Attornoy	Docket Numbe	ם יופ	100508/053	8481	
l he	reby revoke	all previous powers of attorney gi	ven in the	phane tar us				
1 he	reby appoin	:	**************************************	20046-106UW	isa app	olication.		
1021		i					·	
الكحا	Pracilioners	essociated with the Customer Number:		28874				
ŀ	OR	. [Ì		
	.	·						
l	Practitioner(s) Ritmad below;						
1		Name						
ı	 	Name		, , , , ,	Regia	Iradon Num	ber	
1								
1		· .	 					
			_,					
1								
as my	Jour alterneyts	ocanoniis) la procedule de const						— I
Trada	mark Office co) or agont(s) to prosoculo the application to unacted therewith.	touilleq spo	ro, 2114 la tranca	ict op pui	ingsa in the	United States Per	
Piena	E Jechnoizo es.	change the control of						
	- 1-1-0 g (2)	change the correspondence address for th	e aponė-jgol	dified application	to:			
بب	The address or	s associated with the above-mentioned Cu	dibmer Num	nae				• 1
	On .	<u> </u>		VG1.				ł
	"The address	a associated with Customer Number.						
	~ / / 							1
╙	Fkm or Individua							
	Address	Name						
	City							
	Соилу		_	State		·	Zip	
	Toléphana						247	
l_em_ir				Email				
17								
=======================================	Applicant/Inv							- 1
	Azzigneg of r	ecord of the entire interest, See 37 CFR 3.	71.					
	Statement un	der 37 CFR 3.73(b) is enclosed. (Form PT	O/SB/96)					
		SIGNATURE OF AD	bligant or A	Philosoph - CO				
Signatu	re-	PIE ALL		- DiBura Ot MAC	OFB.		_	[
Nance		Poter Lindskop				Dalo	Feb. 70	20151
Title an	а Сопрелу	11/2/				Telaphone	146 727 E	2000
		NIX A Dynamics						1 - 1 / 1 / Y
signal un	is tequired, see	e inventors or sesignees of record of the entire in below.	niologi or Hair	representative(x)	or require	d. Submil	Hibbs forms if	
			·	*******				an ann
This con-	7 of 25	forms ere submilled.					**************************************	
he USP	LO (a blocess) =	on is required by 37 UFR 1.31, 1.32 and 1.33, 1 n application. Confidentially is governed by 35 banks, properties, and submitting the completed of time you require to complete this form and/or of Office. U.S. Capagnated of Office, U.S. C	The Information	is required to obta	ala printe	lri a beneti -	. 1	
Comple	olo, including get	horing, properties, and submitting the commission	U.S.G. 122 a	14 37 CFA 1.11 pr	ng 1,14.	ria e penalit by This colloction	r ing public which is it	the land by
U.S. Pate	- wr will amount on and Tradema	naring, propulity, and submitting the completed of time you require to complete this form analysis at Office, U.S. Coperment of Commerce, P.O. SS. SEND TO: Commissioner for Palente	griddettipus i	or reducing this bu	Tithe will UMSN. she	very depend	ng bijan iba jadisidus	Cate, Arly
PEMROR	TO THIS ADDRE	ss. Sand To: Commissioner for Palenta	. Dar 1450, A . P.D. Boy 1	ASD Shares	313-1468,	ב דמא סם	end fees or com	n Officer, Publica
		Process and the second		-as' waxevall'	i, VA 223	13-1460.	1 000	0165

PTO/SB/81 (04-05)

Approved for use through 11/30/2005, OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number

Filling Date

First Named Inventor

Title

Title

Title

Art Unit

Examiner Name

Attorney Device Number

Approved for use through 11/30/2005, OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number

Filling Date

Title

Title

Title

Art Unit

Examiner Name

(444				
			Attorney Docket Nu	mbor	0100508/0538	161	
I hereby revoke	all previ	ous powers of attorney giv	en in the above-ide	entified a	poliostina		
I hereby appoint:	:			C) Milleu a	ррисацол.		
		i with the Customor Number:	268	874			
Practitioner(s)	named b	olaw;					
		Name		Reț	jistration Numbe	er	1
		<u> </u>					
							İ
Of my/our attained.				•			
Trademark Office con	or agent	(s) to prosecute the application iderowith.	entified above, and to tr	ansact all l	business in the t	United States Patent and	j
[] []		e correspondence address for the		ation to:	•••		
The address OR	associat	ed with the above-mentioned Cu	stomer Numbor:		 -		
The address	s associal	ted with Customer Number:					
Firm or Individual	Name					· · · · · · · · · · · · · · · · · · ·	
Address							
City	:		State				
Country		·	Giaie			Zip	
Telephone	~		Email				
l am the: Applicant/inv	entor.		Criter				
Assignee of r	ecord of t der 37 C/	he antire interest. Soe 37 CFR 3. FR 3.73(b) is enclosed. (Form PT	71. 'O/\$B/96)				i
			plicant or Assignee of	F Record	1-11		
Signature	7400	edil Galal -	*		T		
Name		Sustavsson		······	Date	2006-02-02	
Title and Company					Tolephone		
NOTE: Signatures of all the	e inventors	or assignees of record of the entire l	nterest or their representativ	ve(a) are req	ulred. Submit mut	liple forms if more than one	\dashv
*Total of 5		orms are submitted,					ᅱ

This collection of information is required by 37 CFR 1,31, 1,32 and 1,33. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application. Confidentiallty is governed by 35 U.S.C. 122 and 37 CFR 1,11 and 1,14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Pa	BPRIWORK Reduction Act.				
	NA III	or 1999, no persons are re	U.S. Patent quired to respond to a collection Application Number	តៅ information tinless	PTO/\$8/6 is through 11/30/2005, OMB 0 ; U.S. DEPARTMENT OF COP it displays a valid OMB contro
PO	WER OF ATT	ODNEV	Filing Date		
	and	ORNET	First Named Inventor		
CORRE	SPONDENCE	ADDDEGG	Title	MALL, Pale	
	NDICATION F	CODM CODM	Art Unit	TITC Pressu	ire Estimation
••	TOTALION F	ORIVI	Examiner Name		
			Attorney Docket Numb	er 0100508/05	13PAC4
hereby revok	e all previous no	wers of attornou el	ven in the above-ident		
тегебу арроі	int:	mera or anothey Bl	ven in the above-ident	ified application	1
.a(-(n-+)		Į			
Practitioner	s associated with the	Customer Number:	26874		
OR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7					
_ Practitioner	(s) named below:				
	Nan	no			
<u> </u>				Registration Nur	nber
<u> </u>					
<u> </u>					
<u> </u>					
ļ				-	
aso recognize o	r change the correspo	ondence address for the	entified above, and to transa	nct all business in th	o United States Patent and
ase recognize o The addro OR	r change the correspo	ondence address for the	abovo-identified application	nt all business in th	e United States Patent and
The addre	r change the corresponds associated with the	ondence address for the	abovo-identified application	nct all business in th	o United States Patent and
The addra OR The addra OR The addra OR The addra OR Individu	r change the correspo	ondence address for the	abovo-identified application	nct all business in th	o United States Patent and
The addre	r change the corresponds associated with the	ondence address for the	abovo-identified application	nct all business in th	o United States Patent and
The addra OR The addra OR The addra OR Firm or Individu	r change the corresponds associated with the	ondence address for the	abovo-identified application	nct all business in th	o United States Patent and
The addra OR The addra OR The addre OR Firm or Individu Address City	r change the corresponds associated with the	ondence address for the	abovo-identified application	net all business in th	
The addra OR The addra OR The addra OR Firm or Individu Address City Country	r change the corresponds associated with the	ondence address for the	abovo-identified application	net all business in th	e United States Patent and
The address The address The address Firm or Individu Address City Country Telephone	r change the corresponds associated with the	ondence address for the	abovo-identified application	nct all business in th	
The address The address The address The address Firm or Individu Address City Country Telephone the:	r change the corresponds associated with the case associated with Case at Name	ondence address for the	abovo-identified application stomer Number; State	act all business in th	
The addro OR The addro OR The addro OR Firm or Individu Address City Country Telephone the: Applicant/in	r change the corresponds associated with the est associated with Call Name	ondence address for the a shove-mentioned Customer Number:	sbovo-identified application stomer Number: State	nct all business in th	
The addre OR The addre OR Firm or Individu Address City Country Telephone the: Applicant/in Assignee of	r change the corresponses associated with the ess associated with Cal Name	ondence address for the	sabovo-identified application stomer Number: State	nct all business in th	
The addre OR The addre OR Firm or Individu Address City Country Telephone the: Applicant/in Assignee of	r change the corresponses associated with the ess associated with Cal Name	ondence address for the above-mentioned Customer Number: ustomer Number:	sabovo-identified application stomer Number: State Email	n to:	
The addre OR The addre OR Firm or Individu Address City Country Telephone the: Applicant/in Assignee of Statement u	r change the corresponses associated with the ess associated with Call Name ventor. record of the entire in the	ondence address for the a above-mentioned Customer Number: ustomer Number: Merest. See 37 CFR 3.7 is enclosed. (Fam PTC SIGNATURE of App	sabovo-identified application stomer Number: State	n to:	
The addre OR The addre OR Firm or Individu Address City Country Telephone the; Applicant/in Assignee of Statement u	r change the corresponses associated with the ess associated with Call Name ventor. record of the entire in moter 37 CFR 3.73(b)	ondence address for the above-mentioned Customer Number: ustomer Number:	sabovo-identified application stomer Number: State Email	ord	Zip
The addre OR The addre OR Firm or Individu Address City Country Telephone the: Applicant/in Assignee of Statement u	r change the corresponses associated with the ess associated with Call Name ventor. record of the entire in the	ondence address for the a above-mentioned Customer Number: ustomer Number: Merest. See 37 CFR 3.7 is enclosed. (Fam PTC SIGNATURE of App	sabovo-identified application stomer Number: State Email	ord Date	
The addre OR The addre OR Firm or Individu Address City Country Telephone the: Applicant/in Assignee of Statement u	r change the corresponses associated with the ess associated with Call Name ventor. record of the entire in the	niterest. See 37 CFR 3.7 is enclosed. (Form PTC SIGNATURE of App	State State Email 1. 2.58/96)	ord Date Telephone	Zip
The addre OR The addre OR Firm or Individu Address City Country Telephone the: Applicant/in Assignee of Statement u	r change the corresponses associated with the ess associated with Call Name ventor. record of the entire in the	niterest. See 37 CFR 3.7 Is enclosed. (Farm PTC SIGNATURE of App	sabovo-identified application stomer Number: State Email	ord Date Telephone	Zip

to complete, including gathering, preparing, and submitting five completed application form to the USPTO. This collection is estimated to take 3 minutes comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED